

Intervention for Pregnant Smokers

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BACKGROUND / RATIONALE:

Pregnancy facilitates temporary behavioral changes in smoking cessation. Approximately 20% to 40% of pregnant women cease smoking before the first prenatal visit; however, up to 25% of those who quit relapse during the pregnancy and with 70% relapsing within the first year postpartum. Further evidence suggests that cigarette smoking among pregnant women decreased from 20% in 1989 to 15% in 1994 and 14% in 1997 with these notable decreases observed in all ethnic and racial groups. In 1997, 37% of women in Iowa quit smoking when it was determined they were pregnant, yet in the same year almost 20% of women in Iowa smoked throughout their pregnancy. Many interventions that are offered to smoking pregnant women or new mothers are in a clinical or community-based setting, and what is lacking are prenatal smoking cessation programs offered by hospitals/ clinics. While many parts of the prenatal care visit limit the practitioner's time for counseling and education, evidence-based approaches demonstrate that providing brief smoking cessation advice and patient education materials as a part of the routine care are cost-effective. Further, the challenges associated with providing smoking cessation counseling and education to pregnant women will only be addressed if it is considered a priority. The issue is to develop and provide for the pregnant women, evidence based strategies to help her quit smoking and remain abstinence.

OBJECTIVE (S):

1. To develop and implement a 1-800 telephone counseling service for pregnant women to address cessation from smoking and relapse prevention.
- 2 To adapt the American Cancer Society's Smoking Cessation During Pregnancy Program (Fresh Start Family) to meet the needs of WIC clinics in Iowa.
3. To evaluate the efficacy of the newly designed American Cancer Society's Program in concert with the 1-800 number for the cessation and relapse prevention from smoking by pregnant women.
4. To assist WIC clinics to implement and evaluate a smoking cessation program for pregnant women that reaches 90% of the smoking pregnant women who attend the WIC clinics.

METHODS:

The project will develop a 1-800 "quit line" to provide counseling services on smoking cessation during pregnancy. During their interactions with pregnant women trained counselors will 1) explain of health benefits associated with stopping smoking during pregnancy; 2) assess the individual's needs and behaviors related to smoking cigarettes; and 3) develop an individualized simple quit plan. In concert with the 1-800 -number, the American Cancer Society Program will be provided to women at the clinic. A physician education package based on the Agency for Healthcare Research and Quality guidelines for smoking cessation will be designed to reach all medical practitioners who deal with pregnant women.

This intervention will be designed to assist WIC clinics in the adoption and implementation of a smoking cessation program for pregnant women. The first component will be a workshop for physicians, nurses and other clinic staff and administrators on how to implement the smoking cessation program, overcome barriers such as staff ability, time, and personal smoking habits of themselves. The second component will be how the clinic can develop policies for implementations of the smoking cessation program that fit into the unique structure and environment of that WIC clinic. This workshop will be an interactive session that will bring together administrators, physicians, nurses and other clinic staff for the express purpose of investigating how and what barriers are prohibiting the adoption and implementation of a smoking cessation program for pregnant women.

The overall program will be evaluated at two important distinct levels. Firstly, the smoking cessation program, which includes the smoking cessation onsite intervention, the physician education, and the 1-800 number, will be evaluated to determine the efficacy of the component in concert. As importantly, we will evaluate the adoption and implementation of the smoking programs into the routine antenatal care of WIC clinics.

PUBLICATIONS: None at this time.